



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

CARIBBEAN REGION

Outside sub-Saharan Africa, the Caribbean region has the highest HIV/AIDS prevalence in the world. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of AIDS cases in the region (including Haiti) at the end of 2004 was 440,000 (with estimated cases ranging from 270,000 to 760,000). Both HIV prevalence and AIDS cases are underreported in the region, possibly by as much as 30 to 75 percent. HIV prevalence—considered more indicative of the extent and nature of the problem than the number of AIDS cases—is estimated at 2.3 percent in the region, but varies widely among countries. Caribbean women have the highest prevalence of HIV in the Americas. For both men and women, AIDS is the leading cause of death for those between the ages of 15 and 45.

At the end of 2003, at least three countries had national HIV prevalence of 3 percent or more (Bahamas, 3.0 percent; Trinidad and Tobago, 3.2 percent; and Haiti, 5.6 percent). The Caribbean Epidemiology Centre (CAREC) reports that all countries in the region except Cuba have prevalence of over 1 percent. Within countries and across population groups, however, prevalence is uneven. Sentinel surveillance in Haiti in 2002 revealed a range of 13 percent in the northwest of the country to 2 to 3 percent in the south. The national level in the Dominican Republic at the end of 2003 was 1.7 percent; yet sentinel surveillance there in 2000 indicated prevalence as high as 8 percent among urban pregnant women and 11 percent among some groups of sex workers. Guyana records increasing HIV prevalence in pregnant women, and prospective blood donors in the country show prevalence greater than 3 percent. These and other sentinel survey data indicate that in some parts of Guyana, HIV is now an early-generalized epidemic.

The primary mode of reported HIV/AIDS transmission in the region is heterosexual contact. Widespread stigma and discrimination result in male-to-male transmission's often being hidden,

however, and some estimates suggest that more than 40 percent of infections result from bisexual or male-to-male contact. This pattern of transmission is accelerating the spread of the epidemic, though young women are the fastest rising group affected. In the Dominican Republic, national data show that among those under 24 years of age, HIV prevalence among women is double that of men. As the number of HIV-infected women grows, so does the number of infants infected with HIV, with mother-to-child transmission accounting for approximately 6 percent of reported HIV infections in the region. Transmission across borders is another factor in HIV/AIDS spread in the region. The low transmission through injecting drug use and contaminated blood products in the region as a whole is attributed to early introduction of systematic screening



Map of Caribbean region

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for blood transfusions and is considered a regional success story. In the Bahamas, however, the epidemic is thought to have been fueled by high rates of transactional sex to fund addictions associated with a preceding crack cocaine epidemic, and to a simultaneous genital ulcer epidemic.

NATIONAL/REGIONAL RESPONSE

Despite geographic and other similarities across the islands of the Caribbean—small size, colonial history, susceptibility to natural disasters, and isolation from world markets—the region is characterized by a wide range of cultural practices, political structures, and levels of development that belie any uniform categorization. However, the high rate of intra-regional mobility and inter-dependence makes regional coordination an important part of addressing common concerns in the fight against HIV/AIDS, which is easily transmitted across borders.

Though the scope and effectiveness of responses vary across borders, most Caribbean countries have taken at least some measures to control the epidemic. By the end of 2004, 21 Caribbean countries had National Strategic Plans on HIV/AIDS. However, the national health-care and other infrastructures of most countries in the region are not equipped to meet the challenges posed by the epidemic—stigma and discrimination, cost of care, loss of income and jobs, loss of tourism revenue, and loss of productive labor in key sectors due to reduced life expectancy among young people. The long-

CARIBBEAN COUNTRIES	
Bahamas	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	5,600
Total Population (end 2004)	317,000
Adult HIV Prevalence (end 2003)	3.0%
HIV Seroprevalence in Urban Areas (population most at risk)	—
HIV Seroprevalence in Urban Areas (population least at risk)	—
Barbados	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	2,500
Total Population (end 2004)	271,000
Adult HIV Prevalence (end 2003)	1.5%
HIV Seroprevalence in Urban Areas (population most at risk)	—
HIV Seroprevalence in Urban Areas (population least at risk)	0.8%
Dominican Republic	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	88,000
Total Population (end 2004)	8,872,000
Adult HIV Prevalence (end 2003)	1.7%
HIV Seroprevalence in Urban Areas (population most at risk)	4.6%
HIV Seroprevalence in Urban Areas (population least at risk)	1.2%
Guyana	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	11,000
Total Population (end 2004)	767,000
Adult HIV Prevalence (end 2003)	2.5%
HIV Seroprevalence in Urban Areas (population most at risk)	43.6%
HIV Seroprevalence in Urban Areas (population least at risk)	3.8%
Haiti	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	280,000
Total Population (end 2004)	8,437,000
Adult HIV Prevalence (end 2003)	5.6%
HIV Seroprevalence in Urban Areas (population most at risk)	—
HIV Seroprevalence in Urban Areas (population least at risk)	3.8%
Jamaica	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	22,000
Total Population (end 2004)	2,676,000
Adult HIV Prevalence (end 2003)	1.2%
HIV Seroprevalence in Urban Areas (population most at risk)	2.5%
HIV Seroprevalence in Urban Areas (population least at risk)	1.0%
Suriname	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	5,200
Total Population (end 2004)	439,000
Adult HIV Prevalence (end 2003)	1.7%
HIV Seroprevalence in Urban Areas (population most at risk)	—
HIV Seroprevalence in Urban Areas (population least at risk)	—
Trinidad and Tobago	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	29,000
Total Population (end 2004)	1,307,000
Adult HIV Prevalence (end 2003)	3.2%
HIV Seroprevalence in Urban Areas (population most at risk)	5.9%
HIV Seroprevalence in Urban Areas (population least at risk)	3.8%

Sources: UNAIDS, U.S. Census Bureau.

term effects of these social and economic costs are profound, and the region has become increasingly mobilized to address them.

Most national-level activities are supported by a coordinated, regional approach articulated in the Caribbean Regional Strategic Framework by the Pan Caribbean Partnership on HIV/AIDS (PANCAP), initiated in 1998 as the Caribbean Task Force on HIV/AIDS to scale up the response to the epidemic in the region. The framework, developed under the leadership of the Caribbean Community (CARICOM), with input from other regional organizations, national governments, and bilateral and multilateral donors, identifies seven interrelated priorities best addressed at a regional level:

- Advocacy, policy development, and legislation
- Care, treatment, and support of people living with HIV/AIDS
- Prevention of HIV/AIDS transmission among young people
- Prevention of HIV/AIDS among most vulnerable groups (including men who have sex with men, sex workers, prisoners, military personnel, and transients)
- Prevention of mother-to-child transmission
- Strengthening national and regional response capability
- Resource mobilization

The principal technical public health organization for the region is CAREC, which mainly serves the Eastern Caribbean. The Caribbean Coalition of National AIDS Programme Coordinators, a peer-based organization dedicated to improving the quality of national AIDS programs, has also emerged as a key coordinating body for the Caribbean in the fight against HIV/AIDS.

USAID ROLE

The United States Agency for International Development (USAID) plays a lead role in coordinating the activities of several U.S. government agencies in the region, including the Centers for Disease Control and Prevention (CDC), the Peace Corps, the U.S. Department of Labor, and the U.S. Department of Defense. Haiti and Guyana are also served by the President's Emergency Plan for AIDS Relief, a five-year, US\$15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. While each of these agencies provides assistance in specific areas addressing HIV/AIDS issues in the region, USAID and CDC work in tandem on several programs. One strategy is currently under development to formally coordinate all U.S. government regional support in the Caribbean. USAID is also working with recent initiatives of the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which have brought crucial resources to the region's fight against HIV/AIDS, and is leveraging its funding for maximum results.

USAID is an active member of PANCAP, providing HIV/AIDS support on both a bilateral and regional basis. Bilateral support, via USAID Missions, is provided to the Dominican Republic, Guyana, Haiti, and Jamaica. Working with private- and public-sector partners, USAID's Caribbean Regional Program conducts activities designed to help local nongovernmental organizations and national and regional organizations mount a coordinated, multisectoral response to the epidemic. The Regional Program also provides focused technical assistance to sovereign nations without a bilateral USAID Mission—namely Trinidad and Tobago, Suriname, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Grenada, Antigua and Barbuda, Dominica, and Barbados.

From FY 2001 to FY 2004, the Caribbean Regional Program goals included increasing nongovernmental and community organizations' capacity to deliver HIV/AIDS-prevention and care programs, and improving governments' capacity to implement an effective response. Specific areas of activity include support for PANCAP, CAREC's Special Program on Sexually Transmitted Infections (SPSTI), and nongovernmental organization networks.

PANCAP

The regional program contributed technical and other support to PANCAP's proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria; assistance with administrative expenditures such as the purchase of computers; and support for

two senior staff positions—a Deputy Manager and a Senior Program Manager—to coordinate a project on law, ethics, and human rights related to HIV/AIDS.

CAREC

USAID provides support to CAREC, which provides laboratory reference and epidemiological services to 21 Caribbean countries. This support is designed to help build the capacity of member countries to deliver clinical and diagnostic management services. USAID provided about 35 percent of the annual budget for the CAREC SPSTI program, which aims to reduce the spread of HIV/AIDS and other sexually transmissible infections through behavior modification and improved surveillance, diagnosis, and treatment capabilities. USAID also provides technical assistance in the development of national HIV/AIDS strategic plans.

Nongovernmental Organization Networks

USAID's regional program supports the strengthening of managerial, technical, and administrative capacities of nongovernmental organizations, and works with national governments in public-private partnerships to develop multi-year HIV-prevention plans. From 2001 to 2004, six nongovernmental organization networks representing more than 54 entities were established in six Eastern Caribbean countries. Members of the networks received training in the fundamental principles of nongovernmental management (financial sustainability, governance, income generation and sustainability, and monitoring and evaluation). In addition, 1,854 members of nongovernmental organizations were trained in prevention and behavior change and in other communication activities. Nongovernmental organizations in the region now reach 47,115 people and have developed HIV prevention messages disseminated via the mass media (TV, radio, and newspaper); face-to-face interventions and peer counseling; music and drama (“edutainment”) programs; and educational materials.

Regional Training Centers

As governments and nongovernmental organizations scale up their activities to meet the demand for care, it has become clear that the Caribbean region has a shortage of health care providers trained in HIV/AIDS. To address this need, the Regional Program is working with the CDC, the University of the West Indies, and other partners to establish a network of HIV/AIDS training centers in the region. Known as CHART (Caribbean HIV/AIDS Regional Training), this initiative has led to the establishment of six training centers in more than 30 countries in the region. In 2004, CHART held the first-ever Caribbean regional conference for HIV/AIDS care providers, training more than 350 clinicians in prevention of mother-to-child transmission and in care and treatment strategies for infected mothers and their families. CHART developed the Caribbean's first guidelines for HIV clinical treatment and opportunistic infections, a training curriculum for prevention of mother-to-child transmission, and a CD-ROM toolkit to enhance CHART Training Coordinator skills; produced three training videos on HIV care and treatment; and produced and distributed antiretroviral and opportunistic infection pocket reference guides for HIV/AIDS clinicians.

In conjunction with the Jamaica bilateral HIV/AIDS program, CHART also produced a Caribbean voluntary counseling and testing learning-resources packet consisting of a reference manual, participants' handbook, trainer's notebook, counseling protocol, guidelines for group education in prenatal and sexually transmitted infection clinics, and performance standards for voluntary counseling and testing. In 2004, 425 counselors in eight countries were trained in voluntary counseling and testing, bringing the total over the past four years to more than 600 trained counselors who are currently providing services at more than 220 sites.

Youth-Oriented Information and Education

Using a model developed for Jamaica, nongovernmental organizations in eight countries have received technical assistance and training in “edutainment” methodology to better target youth, parents, teachers, and guidance counselors. Developed by the Ashe Caribbean Performing Arts Ensemble and Academy, the methodology is an effective tool for teaching young people about HIV/AIDS, sexually transmitted infections, and a range of other often-sensitive issues.

Funding for the Regional Program was US\$ 6.25 million in FY 2003 and US\$ 4.7 million in FY 2004. In October 2004, USAID began a follow-up regional program covering the period FY 2005 through FY 2009. This program will build on previous interventions, but will focus less on capacity building and more on ensuring sustainable impact. Assistance will emphasize expanding access to key HIV prevention and treatment services, improving HIV monitoring, and reducing HIV transmission by better focusing on high-risk populations.

IMPORTANT LINKS AND CONTACTS

USAID Caribbean Regional Program

Web site: http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caribbeanregion.html
<http://www.usaid.gov/policy/budget/cbj2005/lac/crp.html>

Caribbean Regional Strategic Framework

Web site: <http://www.caricom.org/pancap/documents/pancapstrategicframework.pdf>

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For more information, see:

http://www.usaid.gov/our_work/global_health/aids/ or <http://www.synergyaids.com>

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